



Department of Business License

JACQUELINE R. HOLLOWAY
DIRECTOR

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http://www.clarkcountynv.gov/business_license

REQUEST FOR DUPLICATE LICENSE

Business Name _____

Business Address _____

City/State/Zip _____

License Reprint Fee \$5.00

Business License Number: _____

Business Owner (s) Name (s): _____

Business Contact Telephone Number (s): _____

*PLEASE SELECT ONE OF THE FOLLOWING:

- ☐ I would like you to send a duplicate license to us this one-time at the **TEMPORARY** mailing address below:

Business Name: _____

Address: _____

City/State/Zip: _____

- ☐ I would like you to change our mailing address and send a duplicate license to us at the **PERMANENT** mailing address below:

Business Name: _____

Address: _____

City/State/Zip: _____

***LICENSES FOR CATEGORIES OF LIQUOR, GAMING, AND MASSAGE CANNOT BE SENT TO A MAILING ADDRESS. THE LICENSES FOR THESE CATEGORIES OF BUSINESS MUST BE SENT TO THE LOCATION ADDRESS.**

Please submit this form along with \$5.00 to:

**Clark County Business License,
500 S Grand Central Pky 3rd Flr
Box 551810
Las Vegas, NV 89155-1810**

Signature of Requestor: _____ Date: _____